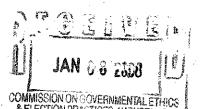
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine





Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	eviously filed statement for the calendar year	2007.	
	LEGISLATOR INFORMATION		
Name		Member of:	
Kichard Rosen		☐ House [	Senate
Mailing address		District .	· ·
P.O. BOX 877		31	
City, zip code		Phone	
Bucksport Ou	469-3	119	
	E DERIVED FROM EMPLOYMENT BY ANO		
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation in ployer.	of \$1,000 or more.	Specify the
Name of Employer	Address	Principal Type of Activity of Em	Economic ployer
	State House Augusta	5tate Legislant	
STate OF Mame	Augusta	Lesislant	e R
	O	)	
and the second s		and the state of t	27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major areas of ecrship, firm, professional association, or simil	conomic activity from ar business entity, li	which you st the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of I Activity (partnership, associa business er	tion or similar
Name: Rosens	RETAIL	The second secon	
Address: 22 Mam ST Buct	Sport	e e e e e e e e e e e e e e e e e e e	
Name:			
Address:			
	·		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	/MENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the p the entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	green to a material and the second of the se
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	Chandrad management are serviced and the
Name and Address of Firm Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifta If none about the b
panel .	gins. Thone, check the box.
□ None  Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: BM	0
Address: ARMONK, MY	Investments
Name: B.O.A.	
Address: Charlotte, NC	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	and the state of the second of
Name of Source of Gift Name of S	Source of Gift
2. 4	to was seens from the control of the
a <del>nd</del> an dia manggalan dia mang	

PART 7. REPORTABLE	HONO	RARIA	A 1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5	Y-y -
List the source of any honoraria accepted for appearances or speeches re				<u> </u>
None	**************************************			······································
Name of Source of Honoraria		Ň	lame of Source of Honoraria	u w w s Gentalia a m
1. Women in Government 3.				10000 as in 2
2. 4.	The second secon	N.A. moodinament marrowy	WHEN,	Whateverson Technique
PART 8. REPRESENTATION BEF	ORE S	TATE .	AGENCIES	
List each executive branch agency before which you represented or assi	sted oth	ers for	compensation of any amount. If none, or	check
None		2.80C.o.A		altonalis limas ransono servicos
Name of Agency		Notes Table	Name of Agency	milinikanija ve ar
1. 3.	CON THE LOCATION OF THE PROPERTY OF THE PROPER		Makka verrentripalarini dimensiya 1955 Anjaka dalayini dimin jirili mini dimendak kati ili dalah	- 10 ccc. A 22
2. 4.		A CONTRACTOR OF THE CONTRACTOR	Albert Vermanne and Control of the specific control of	versionings to the Line
PART 9. BUSINESS WITH S	TATE /	AGEN	CIES	(Mg. 7
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.		7 1 1 1 A		ess of
None	36h-462		\$	Whitelian a serious morning
Name of Agency	The state of the s	XŽ 🚉	Name of Agency	
<b>1. 3.</b>				Millione Smiththeore - S
2. 4.			METERS AND THE MANAGEMENT OF THE PROPERTY OF T	· · · · · · · · · · · · · · · · · · ·
PART 10. INCOME RECEIVED BY MEME	ERS O	FIMM	FDIATE FAMILY	
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000 c	or more	received by your spouse or dependent	child se or
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate iter	Kind of Income	
1. State Legislator	S	) D		i ii ii maalaa gaa
2.	S	D	This idea sut	
3.	S	D		
4.	S	D		
SIGNATURE		Ţģ.		
A Legislator who willfully fails to file a required statement is subject t 1 M.R.S.A. § 1017-A)	o a fine	of \$1	0 per business day until the report is	filed.
The intentional filing of a false statement is a Class E crime. If the Co	ommissi	on con	icludes that it appears that a Legislato	r has

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be preciuded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature 1

15ate

NAME:	DATE:			
ADDRESS:				
X 2	ADDITIONAL INFORMATION			
Please provide information you	ny additional information below (and on additional sheets if needed). Indicate the part or section number for the e providing.			
Part/Section Number				
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